

**RICOH COPIER ORDER FORM**  
**ROCKY MOUNTAIN REGIONAL CASU**

RMRC TASK ORDER NUMBER:

CONTRACT NUMBER: HHSP233200430013B

CUSTOMER #

**Section 1. COPIER ORDER INFORMATION**

Date of Request:  Pricing Options:  OPERATING LEASE (FMV)  Order Action:  New Order:   
(Please place an xxx in the appropriate box) Purchase:  (Please place an xxx) Amend/Mod:   
Downgrade/Upgrade:   
Removal/Terminate:

Lease  
RICOH Model:  Term  Lease Monthly Charge:  Copy Allow:   
Monthly Service & Supplies:  Overage Charge:   
Connected Options: YES ☐ NO ☐ Submit Connectivity Report:   
Network Printing:  Network Scanning:  FAX:

Additional Accessories/Comments:

Requested Installation Date:

ASAP

Early Termination  
Charges

Early termination charges are waived when equipment is removed due to agency abolishment, dis-establishment, lack of funding, reorganizations or downsizing. For early termination charges for any other reason contact the RMR CASU office for quotation

**Section 2. Dealer Installation Instructions**

Delivery  xxx Please call end user for specific delivery instructions.  
Service  xxx All Service calls included in RMRC contract.  
Supplies  xxx Supplies (EXCEPT PAPER AND STAPLES) included in the RMRC contract.  
Training  xxx Please call end user to set up training for the copier.

**Section 3. COPIER INSTALLATION LOCATION / CUSTOMER INFORMATION**

Customer Agency:   
2nd Line: BUILDING:  ROOM:   
Street Address:   
City:  State:  Zipcode:   
End-User Contact:  Phone:  Ext:   
e-mail address:  Fax:   
Key Operator:  Phone:  Ext:   
e-mail address:  Fax:

Name of Agency Approving Official:   
Title:

Signature:  (on file) Date:

**Section 4. RMRC APPROVALS**

Contract Number: HHSP233200430013B

RMRC APPROVING OFFICIAL

Forrest Simmons

RMRC Rep. Forrest Simmons  
303-236-8106

Signature:  Date:

Send Invoice To: Rocky Mtn. Regional CASU Phone: 303-236-8106  
Building 41, Room 137, DFC Fax: 303-236-0016  
Denver, Co. 80225-0305 Email: fsimmons@den.fedsources.gov

**Section 5. Dealer Information**

A. Salesperson:  Phone:  Fax:   
Dealership Name:  Ordertaker ID #:   
Address:  Sales Rep #:   
City:  State:  Zip:   
B. Installing Dealer: